148.3

AN EVALUATION OF ACCOUNTABILITY FOR FOSTER CARE AT THE STATE LEVEL

JULY 1974

Joint Legislative Audit Committee

GOVERNMENT CODE: SECTIONS 10500–10504

California Legislature

VINCENT THOMAS
CHAIRMAN
ROOM 4126, STATE CAPITOL
SACRAMENTO, CALIFORNIA 95814
(916) 445-7906
TONY BOLOBNOW, COORDINATOR
(916) 445-7907
EVE OSTOJA, OFFICE MANAGER
(916) 445-7908

July 16, 1974

The Honorable Speaker of the Assembly
The Honorable President of the Senate
The Honorable Members of the Senate and the
Assembly of the Legislature of California

Members:

Transmitted herewith is the Auditor General's third report on foster care in California.

This report covers the 5,960 children under 18 years of age who have been placed in out-of-home care supervised by county probation departments and the 7,360 children diagnosed as mentally ill or retarded who are under the administrative supervision of the Health Treatment Systems unit of the State Department of Health. The estimated annual cost of these programs, which accounts for 23 percent of the children in foster care, is approximately $142 million financed from state and county funds.

There are 14 separate organizational units in the State Health and Welfare Agency responsible for the supervision of foster care programs. This diffusion of authority precludes the effective supervision and coordination of programs with local agencies and prevents the assignment of responsibility for either program failure or success at the state level.

Moreover, the Health and Welfare Agency is not organized to permit the effective exchange of information regarding the out-of-home placements of children, making it difficult for sound decisions to be made and resulting in an absence of comparisons of programs for development of foster care services, funding of foster care programs and facility usage.

There is no statewide supervising agency to monitor programs administered by county probation departments or to compare program effectiveness. This leads to variations in the treatment of foster children supervised by county probation departments, as evidenced by varying caseload sizes and rate structures among the counties and by the greater use of institutional placements in some counties.

This fragmented administrative authority causes inappropriate placements of mentally ill delinquent children in county probation department caseloads in lieu of mental health facilities supervised by the Department of Health. These children, as a consequence, do not receive care from the organization best equipped to serve their needs.

The Auditor General has concluded that a centralized organizational unit with authority to require coordination of local programs is necessary for attending to the needs of the children who must live out of their own homes and is necessary to establish responsibility for program failure or success at the state level.

The Auditor General has recommended that the Health and Welfare Agency organize its 14 existing child placement, foster home licensing, foster care financing and health treatment organizational units into a single children's services unit having supervisory responsibility for the planning, operation and evaluation of services for children requiring out-of-home care.

The Auditor General has further recommended that the Legislature require coordination between county probation departments and those state and local agencies providing services and facilities to mentally ill children so that mentally ill children would not be confined to county juvenile detention facilities under the control of county probation departments.

Respectfully submitted,

Vincent Thomas

VINCENT THOMAS, Chairman
Joint Legislative Audit Committee

TABLE OF CONTENTS

SUMMARY OF FINDING AND RECOMMENDATIONS

Page

FINDING

RECOMMENDATIONS

INTRODUCTION

In response to a legislative request, we have reviewed the various state and local programs providing foster care in California.

This is the third and final report based on this request. Our first two reports on foster care concerned the estimated 30,000 children in the Aid to Families With Dependent Children - Boarding Homes and Institutions (AFDC-BHI) program and the estimated 12,500 foster children covered under the Aid to Families With Dependent Children - Family Group (AFDC-FG) program. These programs, whose total annual cost is approximately $125 million funded from federal, state and local sources, provide the funding mechanism for approximately 75 percent of the children in foster care.

Field work completed subsequent to those reports concerned the estimated 5,960 children under 18 years of age who have been placed in 24-hour, out-of-home care after being found by a Juvenile Court to be "delinquent". Delinquent refers to those foster children who have been adjudged wards of the court under the provisions of Sections 601 and 602 of the Welfare and Institutions Code. The estimated annual cost to county probation departments for these children is approximately $38 million financed exclusively from county funds. Also included in additional field work were the programs providing care for approximately 7,360 children diagnosed as mentally ill or retarded who are under the administrative supervision of the Health Treatment

Systems unit of the State Department of Health. The total annual cost of services to these 7,360 children is approximately $104 million financed from state and county funds. These two groups account for approximately 23 percent of the children in foster care.

The total estimated cost to federal, state and local governments for the estimated 55,820 children in the foster care programs we have reviewed is then estimated to be approximately $267 million annually. The only government financed out-of-home care program we did not review is the California Youth Authority (CYA) with approximately 1,330 children under 18 years of age in CYA facilities. Such children account for the remaining two percent of the children in foster care.

Our first report released in June 1973 was primarily descriptive of AFDC-financed programs. The primary focus of our second report released in January 1974 dealt with the absence of accountability in foster care programs as they are administered at the local level. In that report, we pointed out that children tend to get lost in the system, that they too often tend to drift from placement to placement without adequate plans for either the termination of parental rights for those children who would benefit from adoptive services, or other types of stable placements for children not likely to return to the homes of their natural parents and not likely to benefit from adoptive services.

Pervasive throughout the field work done for all of these foster care programs has been evidence of the need to establish at the state level responsibility and accountability. Some of that evidence as it related to

the administration of the AFDC programs has been reported in the first two reports. The field work for programs administered by county probation departments as they relate to both Health Treatment Systems programs and the AFDC programs so strongly reinforce the need for the establishment of statewide accountability that this need has become the major focus of this report.

FINDING

THERE ARE 14 SEPARATE ORGANIZATIONAL UNITS IN THE STATE HEALTH AND WELFARE AGENCY RESPONSIBLE FOR THE SUPERVISION OF FOSTER CARE PROGRAMS. THIS DIFFUSION OF AUTHORITY PRECLUDES EFFECTIVE SUPERVISION AND COORDINATION OF PROGRAMS WITH LOCAL AGENCIES AND PREVENTS THE ASSIGNMENT OF RESPONSIBILITY FOR EITHER PROGRAM FAILURE OR SUCCESS AT THE STATE LEVEL.

The organizational chart appearing on the following page of this report illustrates the relationships among the various agencies responsible for foster care in California.

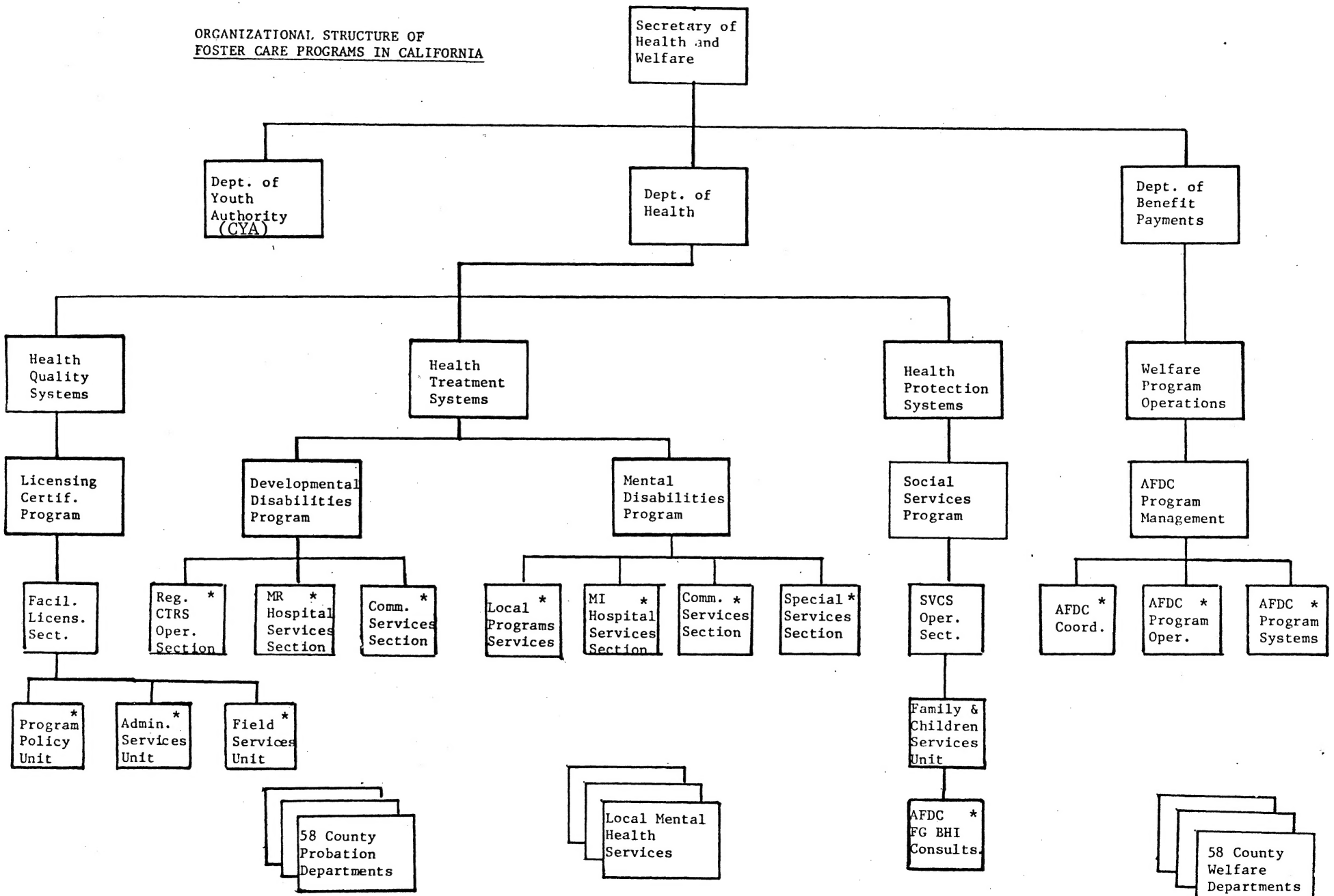
Description of Agencies Responsible For Foster Care in California

AFDC foster care programs administered by county welfare departments and supervised by Health Protection Systems in the Department of Health were discussed in Auditor General reports dated June 1973 and January 1974.

County probation departments have jurisdiction of the children who have been adjudged wards of the Juvenile Court. Wards are those children who the court judged habitually truant, or incorrigible (Welfare and Institutions Code 601) or those who commit crimes or fail to obey court orders (Welfare and Institutions Code 602).

The court may commit the child to a foster family home, detention home or institution, including a state hospital, under the supervision of a probation officer under Section 727 of the Welfare and Institutions Code.

ORGANIZATIONAL STRUCTURE OF
FOSTER CARE PROGRAMS IN CALIFORNIA



*14 separate organizational units with basic program responsibilities for foster care.

In some instances, the court may commit the child to CYA. Administratively, county probation departments are responsible only to local boards of supervisors; there is no supervising state agency.

Health Treatment Systems, in the Department of Health, is responsible for administering care and treatment programs for 7,360 children living out of their own homes whose functioning has been impaired because of mental disabilities or developmental disabilities, such as mental retardation, autism or multiple physical handicaps. Functional units within Health Treatment Systems providing these services include:

- Regional Centers Operations provide diagnostic counseling and services for the developmentally disabled and their families. The regional centers are operated by private nonprofit organizations under a contract with the Department of Health. There are approximately 1,410 children in this program.

- Community Services for the Developmentally and Mentally Disabled primarily provide aftercare services in the community to the mentally retarded (developmentally disabled) and mentally ill (mentally disabled) who have been discharged or are on leave from the state hospitals. There are approximately 2,100 children in the program for the developmentally disabled and 140 children in the program for the mentally disabled.

- State Hospitals for the Developmentally and Mentally Disabled provide highly specialized treatment modalities for children and adolescents who are autistic, mentally retarded or who have behavioral disorders. There are approximately 3,140 children in state hospitals for the developmentally disabled and 500 children in state hospitals for the mentally disabled.

- Local Mental Health Services primarily provide mental health services in the form of outpatient treatment. Approximately 70 children receive short-term inpatient treatment.

Children in Health Treatment Systems programs may be placed in family care homes, private institutions, nursing homes, convalescent hospitals and other intermediate care facilities depending on the degree of the child's disability and his need for treatment.

The Department of Youth Authority (CYA), which has not been reviewed in detail, provides residential and parole services for youthful offenders committed from the counties by either the juvenile or criminal courts. The age of these youths ranges from as low as 12 to 25. Because these youths are found too difficult to rehabilitate by the county probation department, they are referred to the Department of Youth Authority. The CYA, under Section 1760.7 of the Welfare and Institutions Code, serves county probation departments but in a consulting capacity only.

Table 1 indicates the estimated number of children living out of their own homes as of May 31, 1973 by program.

Table 1

Estimated Number of Children
In Out-of-Home Care
May 31, 1973

	Estimated Number Of Children	Percent Of Total Children
Health Protection Systems (County Welfare Departments):		
AFDC-BHI (Children placed with nonrelatives)	27,020	
AFDC-FG (Children placed with relatives)	12,500	70.8%
Health Treatment Systems:		
Developmental disabilities	6,650	
Mental disabilities	710	13.2
County Probation Departments:		
AFDC-BHI[1/]	2,980	
County-funded only	5,960	16.0
Total Children	55,820[2/]	100.0%

1/ These children are supervised by county probation departments, but their care is financed in part by county welfare departments.

2/ Excludes 1,330 Department of Youth Authority (CYA) children under 18 years of age.

The Health and Welfare Agency Is Not Organized to Permit the Effective Exchange of Information Regarding The Out-of-Home Placements of Children

The organizational structure of foster care programs in California illustrates that there is no single organizational unit within the State Health and Welfare Agency responsible for coordinating the activities or formulating policies and standards for all of the children who must live out of their own homes. In fact, as shown on the organizational chart on page 5, there are 14 separate Health and Welfare Agency organizational units charged with the administration of foster care programs.

The existing fragmented organizational structure makes it difficult for the entities within the Health and Welfare Agency to exchange information and make decisions concerning the care and treatment of children. For example, if a foster care employee within Health Protection Systems needs to coordinate information with a licensing employee from the Program Policy Unit within Health Quality Systems to develop regulatory material, he must work through eight levels of the administrative hierarchy. Because of this communication problem, limited knowledge common to the care and treatment of children is exchanged between responsible organizational units which makes it more difficult for sound decisions to be made.

At the county level we observed that foster care caseworkers within the county welfare departments do not routinely exchange information with probation officers, even though many of the children they both supervise have basically the same types of problems. In two of the counties we visited,

probation department administrators indicated that it was difficult to obtain access to county welfare preventative services such as homemaker service and day care.

The Health and Welfare Agency organizational structure creates a great deal of duplication and waste in manpower and time by allowing multiple local and state agency contacts with individual treatment facilities. For example, a private institution may have children supervised by county welfare departments, regional centers, community services and local mental health services. Each of these children have been placed under the regulations imposed by the corresponding state supervising organizational unit within the Health and Welfare Agency. These regulations frequently vary simply because the various organizational units within the Health and Welfare Agency did not coordinate in their development.

There is no means to measure program effectiveness since none of the 14 organizational units within the Health and Welfare Agency involved in the supervision of foster children presently accumulate adequate statistical information. Lack of pertinent statistical information regarding AFDC-BHI children was discussed in the Auditor General's report dated January 1974. A Department of Health task force on foster care redesign has proposed a "foster care reporting and data system" as a result of the Auditor General's report. The lack of probation department statistics is discussed on page 18 of this report. Health Treatment Systems is developing a computerized system to collect information on all persons having developmental disabilities, which will become operational on July 1, 1974.

Comparisons of programs for children in the areas of development of foster care services, funding of foster care programs and facility usage are not presently being accomplished within the Department of Health or between the Department of Health and other agencies responsible for children.

During the present legislative session, over 70 bills related to children receiving out-of-home care were introduced. There is no single organizational unit to determine the impact of this proposed legislation.

There Is No Organizational Unit Within any State Agency Responsible For Coordinating Probation Department Placements

There is no statewide supervising agency to monitor programs administered by county probation departments or to compare program effectiveness. This leads to variations in the treatment of foster children supervised by county probation departments and is evidenced by varying caseload sizes and rate structures among the counties and by the greater use of institutional placements in some counties.

An excerpt from the Bureau of Criminal Statistics publication, Crime and Delinquency in California - 1972, describes the results of this situation as follows:

> "Perhaps the only completely valid conclusion to be drawn about widely differing probation department practices is that they differ widely. While all function under provisions of the Welfare and Institutions Code, the administrative policies of each department are extensions of the philosophy, beliefs and values of the respective county juvenile court judge, juvenile justice commission and chief probation officer."

Mentally Ill Children In County Probation Department Caseloads

The existing fragmented organizational authority causes inappropriate placements of children as illustrated by the high percentage of mentally ill children in county probation department caseloads in lieu of mental health facilities supervised by the Department of Health. These children, as a consequence, do not receive care from the organization best equipped to serve their needs.

In our survey of 142 probation department case histories in six counties, we found that approximately 18 percent of the children in our sample were reported in the case history as being either severely mentally ill, mentally retarded or physically handicapped. See Table 2 below.

Table 2

Health Status of Children in Foster Care
Supervised by County Probation Departments
Six-County Projection
May 1973

	Number Of Children	Percent Of Total Children
No health problem reported	3,894	82%
Children having serious mental or physical disabilities [1]	855[2]	18
Six-County Total	4,749[3]	100%

[1] Some counties include medical verification of the child's health in the child's case records; other counties include only the caseworker's description of the child's health.

[2] The six-county sample projected statewide would indicate 1,600 children.

[3] The projected population was based on a sample of 142 cases in the counties of Los Angeles, San Diego, San Francisco, San Mateo, Santa Clara and Yolo for the month of May 1973.

In four of the counties that we visited, children remained under the care of the probation department because there were no facilities available for mentally ill delinquent children in those counties. However, even where facilities do exist, there is an apparent reluctance to accept mentally ill delinquent children referred by county probation departments.

Minors who have serious mental or physical disabilities may come before the Juvenile Court because "they are beyond the control of their parents", which, under Section 601 of the Welfare and Institutions Code, is sufficient to declare them wards of the court. An example of how this occurs is that of an adolescent who had been receiving therapy from a mental health counselor. One day he began to exhibit violent behavior by breaking up the furniture in his house with an ax. The police placed him in juvenile hall, and since a decision to release him or to file a petition was necessary within 48 hours, a 601 petition was filed because he still required supervision and there were no other facilities available for his care. This minor became a ward of the court even though he had been previously diagnosed as severely mentally ill. This situation occured because facilities for the mentally ill under the Department of Health supervision are not available in the county in which this child is a resident.

As a further example, the probation department in one county referred a minor who had attempted suicide in their juvenile detention facility to the county mental health program. This agency returned the child the next day explaining that his problem was behavioral and not psychological. The probation department, on the contrary, claims that such minors need mental health treatment which the probation department cannot provide. In this same county, the

probation department referred 15 minors, who they had judged to have serious mental problems, to the county mental health program. Fourteen of these children were returned to the probation department with the explanation that their problems were "only behavioral". Only one of the 15 children was provided alternate care in a state hospital.

In another county, a 14-year old minor, supervised by the probation department, was diagnosed by psychiatric clinicians as a "danger to society, exhibiting an unsocialized aggressive reaction to adolescence". He was subsequently placed in a local mental health facility; the child was released for "aggressive and disruptive behavior". He was placed in a state hospital where again he was released for "disruptive acting-out behavior". At the time of this case reading the child had been placed in the county's juvenile hall awaiting a decision recommending his removal to the Department of Youth Authority.

Discussions with probation department, state officials, and state hospital staff and visits to state hospitals and private institutional facilities indicate that there are no state programs available for the mentally ill delinquent. As long as there are no state facilities for the treatment of the mentally ill delinquent, these kinds of children will continue to be referred to county probation departments where they will be placed in juvenile detention facilities. This is a convenient solution to the problem, but is not responsive to the child's needs nor conducive to implementing a comprehensive treatment program for such children.

We conclude that such mentally ill children can only be cared for properly by the enactment of legislation requiring coordination between county probation departments and state and local agencies.

The placement of children with severe mental or physical handicaps in programs lacking staff and facilities to provide the best care is not limited to probation departments. Such children may be found in large numbers in other programs as well:

Program	Number of Children	
	Total	Severe Mental Or Physical Handicaps
County Probation Departments	8,940	1,600
AFDC-BHI	27,020	6,690
Health Treatment Systems	7,360	7,360
Total	43,320	15,650

Note: The county probation department and AFDC-BHI estimates of the incidence of severe mental and physical handicaps are based on projections made from our sample surveys. The scope of our field work did not permit us to make an estimate of the incidence of such handicaps in the AFDC-FG or Youth Authority programs.

Summary of Earlier Auditor General Report Findings Relating to the Failure to Assign Appropriate Responsibility for Administering Foster Care Programs

- The foster care program is made up of an overly complex array of authorities and responsibilities.

- There is a lack of staff to adequately monitor the Aid to Families With Dependent Children - Boarding Homes and Institutions (AFDC-BHI) program.

- There are no state criteria to justify the substantial variations that exist in caseload standards which individual county welfare departments have adopted.

- There is no uniform statewide foster family home rate schedule nor criteria to justify the existing differences.

- Children declared to be wards under Sections 601 and 602 of the Welfare and Institutions Code should be eligible for federal funding. It has taken the Department of Benefit Payments 12 months to draft the regulations necessary to permit county welfare departments to claim these federal funds which exceed $3.2 million annually.

We conclude that there is inadequate planning and coordination concerning the needs of children who must live out of their own homes. We have interviewed experts in specialized organizational units dealing with child placement, child protective services, health treatment services, licensing and probation, but there is no single organizational unit responsible for the overall planning for the welfare of children.

In our judgment, such a centralized organizational unit with authority to require coordination of local programs is necessary for attending to the needs of children who must live out of their own homes, and will establish responsibility for program failure or success at the state level.

RECOMMENDATIONS

We recommend that the Health and Welfare Agency organize its 14 existing child placement, foster home licensing, foster care financing and health treatment organizational units into a single children's services unit having supervisory responsibility for the planning, operation and evaluation of services for children requiring out-of-home care.

We further recommend that the Legislature require coordination between county probation departments and those state and local agencies providing services and facilities to mentally ill children so that mentally ill children would not be confined to county juvenile detention facilities under the control of county probation departments.

OTHER PERTINENT INFORMATION

COUNTY PROBATION DEPARTMENT STATISTICS

The objective of our six-county review and questionnaire survey was to accumulate information relevant to program funding and effectiveness, since the data collected by the Bureau of Criminal Statistics does not include data needed to measure program effectiveness.

Field work which took place primarily in October, November and December of 1973 and which is the basis for the information used in preparing this section of the report included interviews with:

- Juvenile court judges
- Probation officers
- Licensing officers for foster family homes and private institutions
- Foster parents and foster children
- Providers of services, such as private institutions, nurseries, and convalescent hospitals
- Operators of county camps and ranches
- State hospital directors
- Diversion program workers.

We have reviewed probation department operations and have surveyed 142 case histories in the counties of Los Angeles, San Diego, San Francisco, San Mateo, Santa Clara and Yolo. In addition we have visited probation

departments in the counties of Alameda, Contra Costa, Sacramento and San Joaquin and we have conducted a survey by questionnaire of an additional 26 county probation departments.

Sources of Funding

The sources for the funding of probation department foster care programs vary significantly among the counties. In Los Angeles County, for example, 15 percent of the probation-supervised caseload had been determined to be eligible for AFDC payments; in San Francisco County 56 percent of the caseload is eligible for AFDC payments. Interviews with administrators in Los Angeles indicated that this low AFDC eligibility rate was due to faulty eligibility procedures rather than to any regional variations.

Our questionnaire survey disclosed that an estimated one-third of the projected statewide probation-supervised caseload has been determined eligible for AFDC benefits, while the remaining two-thirds is funded almost entirely by the counties. Table 3 indicates the sources of funding for the 16 counties reporting this information. Composition of caseload should be relatively constant among the counties. Counties could realize substantial savings if more cases were determined to be AFDC eligible, since 50 percent of the cost of care for an AFDC eligible child is reimbursed by the federal government, as indicated in our June 1973 report on foster care.

Table 3

Sources of Funding
County Probation Departments
Foster Care Programs
May 1973

Counties	Percent of Total Funding: AFDC (Federal, State and County)	Percent of Total Funding: County Only
High Incidence of Federal, State and County Funding:		
Sonoma	85%	15%
Yuba	79	21
Orange*	67	33
Fresno*	63	37
Medium Incidence of Federal, State and County Funding:		
San Francisco*	56	44
Santa Clara*	55	45
Sacramento	52	48
Stanislaus	52	48
Kern	46	54
Santa Barbara	37	63
Low Incidence of Federal, State and County Funding:		
Contra Costa	32	68
Butte	31	69
San Bernardino	31	69
Glenn*	29	71
Marin*	20	80
Los Angeles	15	85
Projected Statewide Average	33%	67%

*These county probation departments supervise all or some of the children declared dependents of the court under Section 600 of the Welfare and Institutions Code.

Type of Placement

Approximately 84 percent of the children supervised by county probation departments are supervised in their own homes. Based upon our review of six counties and the results of our questionnaire, we projected the distribution of the remaining 16 percent of children who are in out-of-home placements. Table 4 provides a breakdown on the types of out-of-home placements.

Table 4

Out-of-Home Placements
County Probation Departments
May 1973

	Number Of Children	Percent Of Total Children
Foster family homes	2,800	31%
Private institutions	2,180	24
County-operated camps and ranches	2,644	30
Group homes	694	8
State hospitals	144	2
Relatives homes (where maintenance payments are received)	478	5
Projected Statewide Total	8,940	100%

County probation departments make much greater use of institutional placements (private institutions and county operated camps constitute 54 percent of total probation placements) compared with county welfare departments whose rate of institutional use was 19 percent as of May 1973, as indicated in our June 1973 report on foster care. County probation officials stated that

the need for institutionalization arises from the fact that the children supervised by the county probation departments are older and generally have more behavioral problems.

Only eight percent of the probation-supervised caseload was placed in group homes at the time of our review. Both county welfare and probation department administrators state that the group home setting is an effective type of placement for adolescents having emotional and behavioral problems.

Board and Care Rates

The cost of maintaining children living out of their own homes is dependent upon the action of local boards of supervisors. Average board and care rates are listed in Table 5 below:

Table 5

Board and Care Rates
County Probation Departments
May 1973

	Average Monthly Board and Care Rate
Foster family homes	$150
Private institutions	$890
County-operated camps and ranches	$515
Group homes	$185
State hospitals	$1,565
Relatives homes (where maintenance payments are received)	$80

The basic board and care rates established for county welfare and probation departments are generally identical. In some instances, county probation departments receive higher special allowances due to the difficulty in handling the child. Some county boards of supervisors establish flat limits on the amount of child care maintenance payments which tends to prohibit the child from entering the type of care that he may require. Many smaller counties simply cannot afford the higher rate of institutionalization and therefore place more children in foster family homes.

Additional Statistical Information

The average caseload in Merced County is 80; in the counties of Mendocino and Kern the average monthly caseload was 26. Our interviews with county officials indicated that large caseloads result in working on a crisis basis and that monthly contacts as well as other needed services, such as employment counseling, cannot be achieved.

The average stay in juvenile hall was 13 days. In the counties of Los Angeles and Fresno court wards were detained for 36.5 and 38.2 days, respectively. The inability to find appropriate placement especially for those children who are mentally ill was the usual reason for the prolonged confinement.

The estimated average length of stay in out-of-home placements under the supervision of county probation departments is 14 months, ranging from one month to eight years ten months. Of the total caseload reviewed, 23 percent of the children that had been returned to their own homes subsequently reentered the probation department's foster care system.

The average number of placements per child under the supervision of county probation departments was 1.8, ranging from one to a total of five placements per child.

Our questionnaire survey of probation department funding and administrative standards disclosed a high preponderance of suggestions for program improvement concerning the development of foster homes. Included were recommendations for more intensive recruiting of foster homes, higher board and care rates for foster parents, and the development of training programs for foster parents. If more of the children presently in county-operated camps and ranches could be placed in foster homes, substantial savings would accrue to the counties.

PROBATION DEPARTMENT INTAKE PROCEDURES

In California minors who have not violated the Penal Code can still be made wards of the court under Section 601 of the Welfare and Institutions Code because they are "beyond control of their parents, are truant or runaways, or are in danger of leading an immoral life". Section 602 of the Welfare and Institutions Code describes those delinquents who have violated the Penal Code. Probation administrators are aware that the traditional court procedures are neither appropriate nor helpful in solving problems which have their roots in the home or school of the minor. Probation personnel, however, indicate that there is a need for a program for those children who have been declared wards of the court under Section 601 of the Welfare and Institutions Code since in one county an estimated 48 percent of these children were charged with a subsequent offense within seven months.

The Sacramento County Probation Department, with funds from the Office of Criminal Justice Planning, the Ford Foundation and the county itself, has been able to evaluate an experiment for offering family crisis counseling at the time of case intake. County probation officers stated that immediate, intensive counseling would be more appropriate for resolving problems related to Section 601 of the Welfare and Institutions Code than detention and adjudication. Statistics from its second year of operation show that the Sacramento project has reduced recidivism 15 percent, and has decreased petitions filed and informal probation to six percent of their total intake in contrast to a total of 39 percent for the control group. Detention time at juvenile hall has been reduced to 6.7 nights, compared with 14.5 nights for the control group. The project coordinators state that the cost for crisis counseling is 50 percent less than the traditional judicial intake process when the costs of initial handling, detention and placement must be considered.

Alameda County's Family Crisis Intervention Unit has corroborated that such savings are possible by calculating that the traditional intake process, including detention, costs $301 per child compared with the Family Crisis Unit's counseling cost of $150 per child.

SUMMARY OF COMMENTS FROM THE
HEALTH AND WELFARE AGENCY AND THE
STATE DEPARTMENT OF HEALTH

1. Health and Welfare Agency representatives had no specific comments at the exit conference.

2. Department of Health representatives agreed that a state program is needed for the mentally ill delinquent. They further stated that there is presently no state mandate that county probation departments refer children medically diagnosed as mentally ill to local mental health departments. Also, there is no state mandate that local mental health departments accept the mentally ill children referred to them by county probation departments. These actions are being accomplished at the local level on a voluntary basis and vary from county to county.

Harvey M. Rose
Auditor General

June 20, 1974

Staff: John McConnell
Gerald Hawes
Robert Christophel
Thomas Callanan